

REGISTRATION FORM

NACAA ANNUAL MEETING AND PROFESSIONAL IMPROVEMENT CONFERENCE

September 20 - September 24, 2009

Registration forms must be postmarked on or before July 15, 2009: Late fee is \$100 - **Return ALL forms together**

Please fill out all forms completely. Enclose proper payment where needed.

Detailed information about activities is available in other parts of this publication.

Registration will be in the Portland Convention Center

ON-LINE REGISTRATION AVAILABLE AT WWW.NACAA.COM - SECURE SITE - EASY TO USE

For Insurance Liability reasons - Name Tags will be required at ALL EVENTS (meal functions, bus trips, conference sessions - everything). NO EXCEPTIONS

SEND FORMS AND PAYMENT TO:
NACAA AM/PIC 2009 Registration
6584 W. Duroc Road
Maroa, IL 61756
Phone: 217-794-3700 Fax: 217-794-5901 E-mail: NACAAAMPIC2009@aol.com

PARTICIPANT'S NAME

_____ (Last) _____ (First)
 (Preferred first name on tag) _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE - daytime (_____) _____ - _____

Cell Phone (_____) _____ - _____
 (for emergency conference contact)

E-mail address _____

Confirmations will be sent electronically for everyone (unless you are without an email address) - by no later than August 15, 2009.

Are you an NACAA Member YES NO
Check your region: NC NE W S

SPECIAL ARRANGEMENTS – Please check below if you need special assistance during the meeting.
 Accessibility needs during the meeting
 Dietary (Please contact the registration office at the above address two weeks prior to the event to make request)

ANNUAL BANQUET
Wednesday Evening September 23, 2009; 6:30 p.m.
Tickets are required. 1 ticket per registrant is already included in the price of **full** registration (daily registrations do not include a banquet ticket - must be purchased separately). Tickets will be in registration packet. Do you plan to attend: Yes No
 Number planning to attend _____

- 2009 DSA - Please check if you are a Distinguished Service Award Winner for 2009. You need to sign up for the Annual Banquet above...to reserve a ticket.
- 2009 AA - Please check if you are an Achievement Award Winner for 2009. Make AA Breakfast reservations with National Committee Chair. Annual Banquet ticket must also be selected above if you plan to attend (not required for AA award).

If your spouse, child(ren), and/or guest is attending the conference, please complete:

SPOUSE NAME: _____ (Last) _____ (First)

GUEST'S NAME _____ (Last) _____ (First)

CHILDREN'S NAMES AND AGES (if attending):
 Name _____ Age _____
 Name _____ Age _____
 Name _____ Age _____
 Name _____ Age _____

FIRST-TIMER'S
 Is this your first NACAA AM/PIC? Yes No
 If so, please pick up your registration packet at the regular registration area (Convention Center) then stop at the information table to learn more about the conference.
 First time and worked less than 10 years? Yes No
 NACAA members attending for the first time and employed after 9/1/99 will have registration fees waived.
 Complete the following:

Date of Employment _____

Supervisor's Signature _____

The First-Timer's Luncheon is provided for first-time attendees on Monday, September 21, 2009. Your Spouse/Guest is welcome.

Number planning to attend? _____
 (This event takes place at the same time as the Spouse's Tour; please select one or the other).

REGISTRATION FEE INFORMATION

Check ALL Blocks That Apply to You

Participant's Name _____

	Last Name		First Name		
NACAA Member	Agent Fee # Attending		Spouse/Guest Fee # Attending		Total Fees to be Paid
First Time Attending <small>employed after 9/1/1999</small>	(Waived x _____)	+	(\$250.00 x _____)	=	\$ _____
Regular Member	(\$295.00 x _____)	+	(\$250.00 x _____)	=	\$ _____
Life Member	(\$295.00 x _____)	+	(\$250.00 x _____)	=	\$ _____
OTHERS					
Sons & Daughters <small>(participating in activities)</small>	(\$230.00 x _____)			=	\$ _____
Visitor	(\$295.00 x _____)	+	(\$250.00 x _____)	=	\$ _____
University or USDA Administrator	(\$295.00 x _____)	+	(\$250.00 x _____)	=	\$ _____
Guest of NACAA President	(Waived x _____)	+	(Waived x _____)	=	\$ _____
National Donor/Exhibitors	(Waived x _____)	+	(Waived x _____)	=	\$ _____
Tour Fee (Additional fee for ALL persons attending Thursday Tours)			(\$20 x _____)	=	\$ _____
Spouse Workshop 3 (Fishing Trip)			(\$100 x _____)	=	\$ _____
PART-TIME ATTENDANCE					
Number Attending Each Day: Sun____; Mon____; Tues____; Wed____; Thurs____ Daily Fee (\$150 x Number of Days____ x Number of People____)				=	\$ _____
Attending only Wednesday Night Banquet: (\$50 x Number of People____)				=	\$ _____
Late Fee: Applies to all registrants listed above whose registration form and fees are postmarked after July 15, 2009 - \$100 per individual)				=	\$ _____
Facilities Fee: NACAA has initiated a facilities fee for this Conference. If you do not plan to stay at one of the approved hotels listed on this registration form - a \$250 fee will be administered. The lodging form must be completed with reservation information (FOR ALL ACTIVE AND LIFE MEMBERS)- or the fee will be added to your total registration cost.				=	\$ _____
TOTAL FEES PAYABLE WITH REGISTRATION: (Make checks payable to NACAA)				=	\$ _____

REGISTRATION FORMS WILL NOT BE PROCESSED IF FEES ARE NOT PAID AT THE TIME OF REGISTERING (I.E. WAITING FOR SECONDARY FUNDING). IF A PERSONAL CHECK/COUNTY CHECK OR CREDIT CARD INFORMATION IS NOT SENT WITH THE REGISTRATION - YOUR REGISTRATION WILL BE PLACED ON HOLD UNTIL THE MONIES ARE RECEIVED.

IF PAID BY CREDIT CARD:

MasterCard VISA Discover Card - No other cards will be accepted.

Person's Name on Credit Card _____; Expiration Date _____

Card Number _____; (List all numbers 16 digits)

Address of Credit Card Billing Statement if different than address given on Personal Information

Street _____ City _____ State _____ Zip Code _____

Signature _____

(IF CARD INFORMATION IS INCORRECT OR NOT ACCEPTED DURING THE CARD APPROVAL PROCESS, YOUR REGISTRATION WILL BE DELAYED)

CANCELLATION/REFUND POLICY

There shall be a 90% refund of registration fee when a request is made 30 days or sooner before the start of the AM/PIC (August 20 or before). There shall be a 75% refund of registration fee if request is made from 15-29 days before the AM/PIC (Aug. 20 -Sept. 5). There shall be a 50% refund of registration fee if a request is made less than 15 days and prior to the end of the AM/PIC (Sept. 6 - Sept. 24). No refunds will be given if a request is made after the close of the AM/PIC (Sept. 24). Appeals due to emergency will be handled on a case by case basis by the NACAA Board. **Requests must be made in writing** to NACAA 2009 Registration, Scott Hawbaker, 6584 W. Duroc Road, Maroa, IL 61756 or email to: NACAAAMPIC2009@aol.com. Refund for part-time attendance is the same, except there will be no refund for the banquet. Members and guests eligible for fee waivers will be refunded upon verification by the National Board of Directors.

PROFESSIONAL IMPROVEMENT TOURS

Thursday, September 24, 2009

Participant's Name _____

Last Name

First Name

NOTE: If the spouse and children are participating in the same tour as the agent, please list the total number under the agent.

<u>AGENT</u>	<u>Tour No.</u>	<u># of people on Tour</u>	<u>SPOUSE/GUEST</u> (If different from Agent)	<u>Tour No.</u>	<u># of people on Tour</u>
1 st Choice	_____	_____	1 st Choice	_____	_____
2 nd Choice	_____	_____	2 nd Choice	_____	_____
3 rd Choice	_____	_____	3 rd Choice	_____	_____
4 th Choice	_____	_____	4 th Choice	_____	_____
5 th Choice	_____	_____	5 th Choice	_____	_____

Please note that all tour participants must pay a \$20/person Tour Fee - this must be included on the payment form - or the tour will not be assigned to you. See professional improvement tours program for details including additional fees which will be payable at registration.

Agents have the opportunity to pre-register for the following Search for Excellence (SFE) Award Luncheons. Preference will be given to award winners - but non-award winners are welcome to register for available tickets. Family members are encouraged to attend Award Functions - so please indicate if family members will be attending. Please place a 1, 2 or 3 for your first, second, third choices on days you wish to attend a luncheon.

Monday, September 21, 2009 (11:45 am - 1:15 pm)

- ___ PRIDE Luncheon # of tickets _____
- ___ SFE Farm and Ranch Financial Management # of tickets _____
- ___ SFE Remote Sensing and Precision Agriculture
- ___ SFE Landscape Horticulture # of tickets _____
- ___ 4-H and Youth Awards Luncheon # of tickets _____
- ___ SARE - E-Organic Educational Luncheon # of tickets _____

Tuesday, September 22, 2009 (11:45 am - 1:15 pm)

- ___ Poster Session Awards Luncheon
- ___ SFE Livestock Production # of tickets _____
- ___ SFE Crop Production # of tickets _____
- ___ SFE Young Beginning & Small Farmers # of tickets _____

Wednesday, September 23, 2009 (11:45 am - 1:15 pm)

- ___ SFE Sustainable Agriculture - SARE
- ___ Pacific Northwest Organic Research Super Seminar (10:45 am - 2:30 pm) # of tickets _____

PAST NATIONAL BOARD MEMBER'S LUNCHEON

Sunday, September 20, 2009 at 12:00 noon. Your Spouse/Guest is welcome. Meal cost is \$25/person (tax/gratuity included). (If you check yes, you will be asked to pay even if you do not attend). Monies to be collected at luncheon. Do you plan to attend the Past National Board Member's Luncheon?

Yes _____ No _____ If Yes, Number attending _____
Which office did you hold?

- President If you served in more than 1 capacity - please check all that apply (or which ribbon(s) you prefer with your name tag).
- Treasurer
- Secretary
- Director

LIFE MEMBER'S & LIFE MEMBER'S SPOUSES ACTIVITIES

LIFE MEMBER'S & SPOUSE/GUEST TOURS - Tuesday, September 22, 2009

(See Life Members Program for details)

	<u>Tour No.</u>	<u># on Tour</u>
1 st Choice	_____	_____
2 nd Choice	_____	_____
3 rd Choice	_____	_____
4 th Choice	_____	_____
5 th Choice	_____	_____

SPOUSE/GUEST ACTIVITIES

Spouse/Guest Name _____

SPOUSE/GUEST LUNCHEON - Monday, September 21, 2009

(Spouse/Guest Only) I Plan To Attend ___ Yes ___ No

SPOUSE/GUEST TOURS - Tuesday, Septmeber 22, 2009

(See Spouses Program for details including any additional fees which will be payable at on-site registration.)

	<u>Tours #1-7</u>	<u># of people on Tour</u>
1 st Choice	_____	_____
2 nd Choice	_____	_____
3 rd Choice	_____	_____

SPOUSE/GUEST WORKSHOPS

Wednesday, September 23, 2009

	<u>All Day/Part Day Workshops 1-3</u>	<u>9:00 am-11:00 am Workshops 4-6</u>	<u>1:00 pm- 3:00 pm Workshops 7-10</u>
1 st Choice	_____	_____	_____
2 nd Choice	_____	_____	_____
3 rd Choice	_____	_____	_____

Note: Please indicate your preference in each column. For Workshop 3 - Fishing Excursion - you must pre-pay the \$100 deposit when submitting your registration fees with this form. See listing on fee form (page 20 of this magazine).

SON'S AND DAUGHTER'S PROGRAMS

See Program for Details

PARTICIPANT'S Name _____
Last Name **First Name** Agent or Life Members name if not the same Last Name

Son's and daughter's registration will be held at the main registration desk at the Convention Center. Activities will begin with the orientation meeting Sunday, Septmeber 20, at 6:00pm. Adult chaperones must be registered for the meeting. This year's program is designed for youth ages 8 - 18. Youth 7 and under may participate only if accompanied by a parent or guardian that is registered for the events. All costs are included in the registration fee, including lunch. NACAA is unable to provide day care services for children.

PLEASE LIST THE NAME, AGE, AND T-SHIRT SIZE (DESIGNATE YOUTH OR ADULT SIZE) OF YOUR CHILDREN ATTENDING THE PROGRAMS. A = Adult, Y = Youth; XL = extra large, L = large, M = medium, S = small, XS = extra small. Extra large is only available in adults and extra small only in youth. If your child needs a youth large t-shirt, write YL in the space provided.

		T-Shirt				T-Shirt			
(Name)	Age	Size	Height		(Name)	Age	Size	Height	
Child # 1 _____	_____	_____	_____		Child # 3 _____	_____	_____	_____	
Child # 2 _____	_____	_____	_____		Child # 4 _____	_____	_____	_____	

NOTE: Adults are welcome to attend and will be asked to assist as chaperones. Adults must accompany their children ages 7 and under on any activity. Please list any adults who will chaperone. Only sons & daughters and adult chaperones will be eligible for a T-Shirt.

		T-Shirt			T-Shirt
(Name)	Age	Size	Height	(Name)	Size
Adult # 1 _____	_____	_____	_____	Adult # 2 _____	_____

Please indicate the child and adult number from the above list that will be attending Son's & Daughter's Program.

	# Youth	# Adults	Youth & Adult's Name (s)
SUNDAY, SEPTEMBER 20 Get Acquainted and Registration	_____	_____	_____
MONDAY, SEPTEMBER 21 (Beach Day)	_____	_____	_____
TUESDAY, SEPTEMBER 22 (Wilderness Day)	_____	_____	_____
WEDNESDAY, SEPTEMBER 23 (Portland Fun Day)			
Tour 1: Oregon Zoo and World Forestry Center	_____	_____	_____
Tour 2: Oregon Museum of Science and Industry (OMSI)	_____	_____	_____
Going Away Party	_____	_____	_____

SON'S & DAUGHTER'S MEDICAL RELEASE FORM: Medical and photo release forms as well as a code of conduct form will be required for all youth participants. These forms are available in this publication (pages 26-27) or <http://extension.oregonstate.edu/oaea/announcements/2009-annual-meeting-nacaa>

LODGING INFORMATION
THIS MUST BE RETURNED WITH REGISTRATION FORM

PARTICIPANT'S Name _____
Last Name **First Name**

HOUSING INSTRUCTIONS:

1. Reservations will be made in the order received.
2. A Facilities fee for all Active and Life members is in force for this years AM/PIC. For those not making a hotel reservation through this lodging form - a \$250 fee will be added to your registration.
3. All reservations must be made with this housing form. You will not be allowed to make reservations directly with the contracted facility - all reservations must accompany a NACAA AM/PIC Registration Form and will be handled by NACAA.
4. Room rates do not include tax which is 12.5%.
5. Rooms will be held only with a first night's deposit – check or credit card. (Checks should be made to NACAA - not the hotel)
6. The registration form must be postmarked before July 15, 2009 to guarantee accommodations.

Please **NUMBER (1,2,3,4)** your preference in each box (*Doubletree & Red Lion will be filled first due to contractual obligations*)

- | | |
|---|---|
| <input type="checkbox"/> Doubletree Hotel - Portland Lloyd Center (Headquarters hotel) | \$142 + 12.5% tax (\$159.75 total), Single/double |
| <input type="checkbox"/> Red Lion Hotel - Portland Convention Center (Life Member hotel) | \$123 + 12.5% tax (\$138.38 total), Single/double/triple/quad |
| <input type="checkbox"/> La Quinta - (limited rooms - will only be used if other Doubletree and Red Lion are full) | \$102 + 12.5% tax (\$114.75 total), Single/double |
| <input type="checkbox"/> Marriott Courtyard - (limited rooms - will only be used if other Doubletree and Red Lion are full) | \$134 + 12.5% tax (\$150.75 total) Single/double |

PAYMENTS AND TYPE OF ACCOMMODATIONS

*Room Reservation should be made in the following name:
 Please give Billing Address below for the Credit Card you plan to use to Guarantee Room. This address must match where your credit card billing statement is mailed to (home, office, etc.)*

Name _____
(Last) (First)

Company Affiliation _____

Address _____

City/State/ZIP _____

Credit Card to Guarantee Room and Used at Checkout

Master Card____ VISA____ Discover____

Person's name as it appears on card: _____

Card Number: _ _ _ _ - _ _ _ - _ _ _ _ - _ _ _ _

Expiration Date: _____

Signature _____

Arrival Date: _____ Time _____ AM/PM

Departure Date: _____ Time _____ AM/PM

Requested Room Type

_____ 2 Beds	_____ Handicap
_____ King	_____ Smoking
_____ First Available	_____ Non-Smoking
_____ Rollaway (1 per room \$10/night)	_____ Crib
_____ Other (please describe)	

If you are sharing a room with other adults (other than spouse) you must list name in order for their name to be on the room as well. It is strongly recommended to send in your reservation forms together in order for the lodging reservations to be made correctly.

Sharing Room With: _____

Do you need a roommate? Yes No (Male Female)
 NACAA will make every attempt to find you a roommate, however you are encouraged to find your own roommate as it may be difficult to determine roommate availability until early September, 2009.

SHUTTLE

Members are encouraged to take the MAX rail directly from the airport to the Lloyd Center stops. Cost is \$3/person

Special Notes to Registration Committee:

NACAA AM/PIC Medical Information, Informed Consent for Treatment, and Photo Release for Sons & Daughters Program

Participants Name: _____

Please Read and Complete the Following Form.

This completed form must be returned with each participant's registration.

I. Medical Information

Known allergies to foods, drugs, insect stings or bites, etc: _____

Special medical concerns or conditions that event staff should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc: _____

List special dietary needs: _____

Medications currently being taken (name of medication, dose, and frequency: _____

Family Physician: Name: _____ Phone #: (____) _____

Address: _____

II. Insurance Information

The NACAA purchases insurance for Sons & Daughters activities and events. In some cases, this coverage may not cover some medical expenses and it may be necessary to bill the family or your insurance company.

Health Insurance Company: _____ Policy #: _____

Company Address: _____ Phone #: (____) _____

III.

If you are a person with a disability and desire any assistive devices, services, or other accommodations to participate in the Sons & Daughters activities, please contact **Melissa Fery, 2009 Sons & Daughters Chair** at (541) 766-3553 during business hours of 8 a.m. and 5 p.m. to discuss accommodations at least **2 weeks** prior to the AM/PIC.

IV. Informed Consent

In the event that a participant needs minor medical care from AM/PIC Sons & Daughters program staff or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical condition, program staff will make every effort to notify the parent/guardian, but the first priority may be providing care to the participant.

Authorization to Consent to Health Care for Minor

I, _____, of _____ (City, State), am custodial parent/guardian of _____, a minor child, age _____, date of birth _____. I authorize any adult(s) acting as agents of the AM/

PIC Sons & Daughters program and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other health institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize and health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective for the duration of the 2009 AM/PIC.

Custodial Parent Signature: _____ Date: _____

V. Photographic, Video, and Optional Publicity Release

I DO ____ or DO NOT ____ give permission to NACAA, through the 2009 AM/PIC Sons & Daughters program to take photographs and/or record video and/or audio or otherwise record images and likenesses of my child to use for NACAA educational, promotional, and/or marketing materials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I expressly release NACAA and the 2009 Sons & Daughters program staff from any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings of my child image, voice, or likeness.

I understand this permission is entirely optional, and that participants who do not give permission will remain eligible for Sons & Daughters program services, benefits, and privileges the same as those who do give permission.

Signatures Acknowledging Parts I, II, III, IV, and V

Participant's Name: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Signature: _____ Date: _____

Parent's/Guardian's Phone #s: Home: (____) _____ Work: (____) _____ Cell: (____) _____